



Client No. 2036		Client Name O.H. Materials				Location 1002 Osage St Union				Date 5/13/87	
Facility Equipment	Detex Clock 1	Weapon No	Holster	Nightstick	Raincoat	Flashlight	Other Gate & Trailer Keys				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) otc Dealings		Officer—Swing Shift (Name) otc Del Vecchio		Officer—Grave Shift (Name) Dick Kokoszki	
Shift						Shift		Shift		Shift	
Began 8 AM PM Ended 4 AM PM						Began 4 AM PM Ended 12 PM		Began 12 AM PM Ended 8 AM PM		Began 12 AM PM Ended 8 AM PM	
Observations or actions taken						Observations or actions taken		Observations or actions taken		Observations or actions taken	
Rounds or stations missed						Rounds or stations missed		Rounds or stations missed		Rounds or stations missed	
Unlocked doors, gates or windows						Unlocked doors, gates or windows		Unlocked doors, gates or windows		Unlocked doors, gates or windows	
Unlocked vaults or safes						Unlocked vaults or safes		Unlocked vaults or safes		Unlocked vaults or safes	
Fire-smoke-or hazards						Fire-smoke-or hazards		Fire-smoke-or hazards		Fire-smoke-or hazards	
1. Extinguishers missing or defective						1. Extinguishers missing or defective		1. Extinguishers missing or defective		1. Extinguishers missing or defective	
2. Sprinkler system defective						2. Sprinkler system defective		2. Sprinkler system defective		2. Sprinkler system defective	
3. Fire doors or exits blocked						3. Fire doors or exits blocked		3. Fire doors or exits blocked		3. Fire doors or exits blocked	
4. Rubbish accumulation						4. Rubbish accumulation		4. Rubbish accumulation		4. Rubbish accumulation	
5. Motors running						5. Motors running		5. Motors running		5. Motors running	
6. Lights left burning						6. Lights left burning		6. Lights left burning		6. Lights left burning	
Injury hazards						Injury hazards		Injury hazards		Injury hazards	
Visitors						Visitors		Visitors		Visitors	
Trespassing						Trespassing		Trespassing		Trespassing	
Violation of company rules						Violation of company rules		Violation of company rules		Violation of company rules	
Remarks											
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.											
1. Were you injured during this tour?											
2. Did you suffer any illness?											
3. Have you reported all accidents coming to your attention?											
Signatures											
Signatures											
Signatures											

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